Council of Governors: Summary Sheet

Title of Paper:	Notes from Performance Overview Group

Presented By:	Jayne Brown OBE, Trust Chair

Action Required:

For Information	x	**For Ratification**		**For a decision**	
For Feedback		**Vote required**		**For Receipt**	

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the Trust's auditor	
Approving or not the appointment of the Trust's chief executive	
Receiving the annual report and accounts and Auditor's report	
Representing the interests of members and the public	x
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not significant transactions including acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the Trust's constitution with the Board	
Expressing a view on the Trust's operational (forward) plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution	
Monitoring the Trust's performance against its targets and strategic aims	x

How does this item support the functioning of the Council of Governors?

In order to hold the NEDs to account for the performance of the Board, governors needs to be able to understand and question the Trust's performance against its targets and strategic aims.

Author of Report:	Sam Stoddart

Designation:	Deputy Board Secretary

Date:	February 2019

Council of Governors
Performance Overview Group (POG)

Minutes of the meeting held on 23 January 2019 at Fulwood House

Present:

Name:	Title:	Name:	Title:
Adam Butcher	Service User Governor	Fay Colphon	Appointed Governor
Ann Le Sage	Appointed Governor	John Buston	Public Governor
Antony Sharp	Staff Governor	Jules Jones	Lead/Public SE Governor
Claire Donnison	PA to Chair & Corporate Governance	Phillip Easthope	Executive Director of Finance
Cllr Josie Paszek	Appointed Governor	Sam Stoddart	Deputy Board Secretary
David Houlston	Public Governor	Sylvia Hartley	Public Governor NW
Dean Wilson	Director of HR	Toby Morgan	Service User Governor

Minutes	Item	Action
POG 01	**Welcome** Jules Jones (Chair) welcomed everyone to the meeting.	
POG 02	**Terms of Reference (ToR)** Jules queried the revised ToRs. Sam Stoddart confirmed the amendment was the frequency of meetings which had changed from four to three times per year. Jules queried whether the purpose should include statutory duties regarding holding the Non-Executive Directors (NEDs) to account. Sam responded the purpose is to support governors' knowledge so they can then hold the NEDs to account at CoG meetings. Phillip Easthope confirmed that the job titles in Membership need to be updated to reflect changes in remits. Sam clarified that the Notes from POG meetings will go to the next COG meeting. There was a query regarding the CQC action plan which Sam confirmed will be a standing agenda item at COG	Sam All to note
POG 03	**Workforce Report** Dean Wilson presented the workforce report and stated that the Workforce & OD Committee (WODC) where the report had previously been presented now operates at a more strategic	

	level. This means the report as stands will no longer be presented, only its key themes including key performance indicators (KPIs), staff turnover and personal development review (PDR) compliance.	
	Dean informed the group the latest staff survey results will be available from February 2019. New to the survey are indicators based on KPIs and questions which allow organisations to benchmark results, which should prove more useful to the Trust.	
	Within the report Dean highlighted sickness absence which has increased slightly in the past few months due to coughs/colds.	
	There was a query whether the CMHT reconfiguration had affected sickness absence rates in affected teams. Dean responded there was no evidence of this.	
	Anxiety, stress and depression were highlighted as the major causes of sickness absence. Dean confirmed this, adding it is the highest reason for long term sickness absence nationally.	
	In September 2018 the Trust's Occupational Health (OH) provider changed. The new provider works closely with the Trust's Workplace Wellbeing service and Dean stated he had received his first report from them detailing the number of referrals received, the data from which will be analysed. The result of the analysis may form part of an overall report to WODC.	Dean
	There was a discussion around the 17.5% increase in stress and anxiety from last year's figures. Phillip confirmed that a conclusion is unable to be drawn from a percentile. It was agreed that a key figure was needed to provide clarity and context in order to validate percentages. Dean stated the anchor is the number of days lost per capita but this would be included in future reports.	
	Dean stated staff turnover is within range with no concerns; PDR compliance is very high with regards to numbers completed, adding one of the new key performance indicators on the staff survey is a qualitative score with regards to appraisals as a reporting measure. Two tribunals remain on going.	
	Regarding bullying and harassment, there are two cases on going at Birch Avenue and one closed within the past 12 months. Governors queried if this suggested an underlying problem at Birch Avenue. Dean agreed to provide further information at the next meeting.	Dean
	Cllr Josie Paszek returned to the staff turnover rate and highlighted problems around a high staff turnover in terms of recruitment, training and development. Dean confirmed the	

	Trust's turnover rate is 8% and stated this is benchmarked against other NHS organisations, locally, regionally and nationally.	
	He added under the Integrated Care System and Accountable Care Partnership, the three NHS Trusts in Sheffield, Sheffield City Council and NHS Sheffield CCG have identified four work streams with each HR Director from these organisations being allocated a work stream theme. The Trust has been allocated 'Future Staffing for Public Sector' which includes working with other NHS organisations and the Council, liaising with schools, colleges and universities with regards to future staffing for public sector to inform career-path thinking. Dean stated some funding is available from Health Education England (HEE) for this work stream. Discussion took place regarding how the Trust will plan to target GCSE and NVQ students studying health and social care. Further discussion took place regarding supporting service users back into work with Dean explaining there are active schemes in place.	
	Governors queried the number of apprentices in the Trust currently. Dean did not know but agreed to bring this information to the next meeting.	Dean
	David Houlston stated the head count figure does not include agency staff and questioned the Trust's agency usage. Dean responded that agency spend is reducing with Phillip adding the Trust tries to maximise use of its internal bank staff, in terms of additional hours, as it is beneficial from a qualitative perspective. Sylvia Hartley concurred with this. Phillip agreed to provide definitive numbers of agency staff.	Phillip
	Dean stated that Rotherham Doncaster and South Humber NHS FT (RDaSH) are considering a recruitment and retention premium for qualified nursing staff on their inpatient units. Sam queried whether this could impact on morale and motivation of other members of staff. Dean agreed and stated that Trust would closely watch the outcome of RDaSH's decision before considering it at the Trust.	
	Jules queried which issues the NEDS highlight. Dean responded staff engagement, an issue also reflected in the staff survey. He informed the group that the Trust is employing a Head of Organisational Development to respond to this issue.	
POG 04	**Finance Report** Phillip informed the group of the Trust's financial performance to date which is above plan. The cash balance is strong due to an increased surplus and improved debtor performance.	

	In relation to the Single Oversight Framework[1] (SOF), the Trust is rated as 1 overall and rated as 2 on agency spend. Phillip confirmed there are 4 possible ratings. Phillip was asked about his main concerns in relation to the Trust's finances. He responded that the Trust's aim is to improve service quality which has historically been achieved through investment from increasing cost improvements (CIPs). Phillip stated CIP performance has been excellent across corporate and clinical directorates; however, sustaining the same level of CIPs is very challenging so the question needs to be asked whether they are sustainable. The Trust will need to question the level of investment it is able to self-finance in order to support service improvements. He informed the group that the Trust's financial settlement for 2019/20 looks slightly improved, but the detail behind this increase is not yet known. A key issue for the Trust is its workforce, namely numbers in post, their quality and happiness. Phil stated the key focus in the workforce plan includes flexibility of staff as well as innovative way to address staff shortages alongside an increase in service activity/demand. The Finance dashboard provided a summary of information including capital spend. Capital spend is an area of concern. Phil added that the Trust is not yet in a position to receive approval for the Acute Care Reconfiguration (ACR) from its regulator, NHS Improvement. It is therefore working on a number of options which will be developed as part of the annual planning process. As yet, NHS Improvement has not indicated when they are likely to inform the Trust of its decision. Phil was asked if the Trust was in a position to move ahead immediately with the ACR once approval had been received (both from NHS Improvement and CoG). He confirmed that stage III of the ACR has been signed off and Stage IV is due to be signed off shortly. Jules questioned whether the Trust expected approval from NHS Improvement. Phil responded that it did but it was also working on a number of options if needed.	
POG 05	**Performance Report** In the single oversight framework, in which the Trust is financially managed, the Trust remains rated as 2.	

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[1] The SOF sets out an oversight process which follows an on-going cycle of: • monitoring providers' performance and capability under our five themes • identifying the scale and nature of providers' support needs • co-ordinating support activity so that it is targeted where it is most needed.

System-wide key indicators in the performance report are dictated by central governance and regulators, as well as by the ICS. The trust is monitored as a system against the key indicators and as an organisation we report into the ICS. The Accountable Care System is the partnership across South Yorkshire and Bassetlaw.

Sam queried the implications of not meeting the key indicators and asked if there were financial consequences, however it was confirmed that the key indicators are quality indicators.

The key issues reported to Board are those of bed occupancy, services improvement and access in a climate of increased demand and pressure within the system. One reason for increased pressure in the system relates a secure pathway for patients which does not currently exist. Where patients are in need of low/medium secure care but it is not available to them, they remain on the Trust's inpatient wards, often resulting in the need to increase staffing numbers to provide the care they need.

Jules queried where there were sufficient beds in the Psychiatric Intensive Care Unit (PICU) given its occupancy levels. Phil stated the Trust has continued to experience pressures in this pathway and reiterated the earlier statement regarding the secure pathway. He added that NHS England is developing the secure pathway with partner organisations on a regional basis and liaising with South Yorkshire and Bassetlaw and RDaSH.

There was a query on section 2.1.1 (Bed Occupancy). Phillip clarified the acuity tool identifies staffing levels/mix needed on each ward based on patient need and support requirements.

There was a discussion around acronyms and it was agreed that a glossary of terms would be useful.

The Care Programme Approach (CPA) remains an on-going issue in the organisation which was highlighted in the CQC Inspection report. As such it sits in the Trust's CQC action plan which is reported to Board and scrutinised by the NEDs.

Toby Morgan questioned how the Trust collates and uses feedback from Care Opinion. Sam clarified that this would be an agenda item at the next Council of Governors (CoG) meeting, at which the Director of Quality and Chief Executive of Care Opinion would attend.

In relation to the Clover Group, which is jointly managed by SHSC Trust and Primary Care Sheffield, the latter of whom has operational lead, Phil explained that Primary Care Sheffield is undergoing a redesign of their current performance information. He could confirm that there have been improvements in the performance of the Clover Group.

	There was a discussion around the impact of technology on services and the need to keep up developments. It was confirmed that a key issue for the Trust is replacing the system Insight with a new clinical system.	
POG 06	**Any Other Business** None	
POG 07	**Date and Time of Next Meeting** Wednesday 15 May 2019, 10.00am – 12.00 noon in Conference Suite, 1st Floor, Tower Block, Fulwood House	